

SENATE BILL NO. 186

INTRODUCED BY LEWIS

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4 A BILL FOR AN ACT ENTITLED: "AN ACT PROVIDING THAT AN INSURANCE INSTITUTION OR
5 INSURANCE-SUPPORT ORGANIZATION PROVIDING COVERAGE TO AN ELEMENTARY OR HIGH SCHOOL
6 DISTRICT SHALL PROVIDE THE DISTRICT UPON REQUEST WITH SUFFICIENT SUMMARY HEALTH
7 INFORMATION TO ENABLE THE DISTRICT TO USE THE INFORMATION TO OBTAIN A PREMIUM BID OR
8 QUOTE FOR GROUP HEALTH INSURANCE COVERAGE FROM ANOTHER INSURER OR INSURANCE
9 PRODUCER; ~~AND~~ AMENDING SECTION 33-19-308, MCA; AND PROVIDING AN IMMEDIATE EFFECTIVE
10 DATE."

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12 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

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14 **Section 1.** Section 33-19-308, MCA, is amended to read:

15 **"33-19-308. Disclosure of underwriting information.** (1) An insurance institution or insurance-support
16 organization shall, within 30 days of receiving a written request from an entity listed in subsection (2) or (3) that
17 it provides coverage for, disclose to that entity the following information that the entity specifically requests about
18 the entity's coverage:

- 19 (a) total premiums collected from the entity for the policy year; and
- 20 (b) total losses paid out with respect to the entity for the policy year.

21 (2) Any of the following entities may request information about the entity's coverage pursuant to this
22 section:

- 23 (a) an association having a group health insurance program for its members;
- 24 (b) a group purchasing cooperative;
- 25 (c) a group health plan that is a multiple employer welfare arrangement;
- 26 (d) a self-insured group; and
- 27 (e) a business that provides group health insurance for its employees, except that a business with
28 between 2 and 50 employees is not subject to the provisions of this section.

29 (3) (a) An insurance institution or insurance-support organization that provides coverage to an elementary
30 district or high school district, as defined in 20-6-101, or a K-12 district, as defined in 20-6-701, WITH 25 OR MORE

1 EMPLOYEES, upon request of the district and in addition to the information provided for in subsections (1)(a) and
 2 (1)(b), shall provide ONLY TO INSURERS OR ASSOCIATIONS SPECIFICALLY IDENTIFIED BY THE DISTRICT sufficient
 3 summary health information, including large claim information, to enable the district to use the information to
 4 obtain a premium bid or quote for group health insurance coverage from another insurer or insurance producer
 5 and for the purpose of underwriting, premium rating, or another activity related to the creation, renewal, or
 6 replacement of a contract of health insurance or health benefits.

7 (B) ANY INSURER OR ASSOCIATION THAT RECEIVES SUMMARY HEALTH INFORMATION AND LARGE CLAIM
 8 INFORMATION SHALL PROVIDE A FAIR AND REASONABLE BID AND MAY NOT REFUSE TO PROVIDE COVERAGE TO THE
 9 DISTRICT AS PART OF THE GROUP OR ASSOCIATION.

10 (b)(c) As used in this subsection (3), "summary health information" has the meaning provided in 45 CFR
 11 164.504.

12 (3)(4) Information disclosed pursuant to this section may not include any personal information pertaining
 13 to an individual covered by a group plan that has been obtained or administered by an entity listed in subsection
 14 (2).

15 (4)(5) Information that is obtainable pursuant to the provisions of this section may not be requested more
 16 than once during any calendar year.

17 (5)(6) An association provided for in subsection (2)(a) must be provided with reasonable information by
 18 its insurance institution or insurance support organization to enable the association to receive a bid or quote for
 19 coverage from other insurance entities."

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21 NEW SECTION. SECTION 2. EFFECTIVE DATE. [THIS ACT] IS EFFECTIVE ON PASSAGE AND APPROVAL.

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